

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition
and physical activity

Lifestyles free of
substance use and
addiction

Optimal mental
health and healthy
relationships

Health Disparities
(TBD)

Safe and healthy communities

Healthy physical
growth and cognitive
development

Sexually responsible
and healthy
adolescents and
women

Access to preventive
and treatment
services

Quality screening,
identification,
intervention, and
care coordination

Safe and Healthy Communities

Focus

This priority focuses on helping communities reduce injuries and prevent child abuse and neglect. It also focuses on promoting healthy physical environments¹ and built environments² that encourage physical activity and aim to ensure healthy air and drinking water.

Activities that promote a safe and healthy community focus on educating the public and developing policies to support injury prevention, emphasize safety, and improve the quality of the environment. Activities generally involve educating health care providers and the public on ways to prevent injuries, stop domestic violence, and create safe and healthy surroundings. Research, surveillance, and data analysis activities gather information about behaviors and risks that affect women and children. This information guides program activities and policy making.

Objectives and Expectations

The objective of this priority is to create safe and healthy communities through awareness and use of injury prevention strategies. Through efforts to secure safe and healthy environments we expect that:

- More women will be free from violence and abuse before, during, and after pregnancy.
- Fewer infants, children, and youth will become injured or die as the result of neglect, abuse, motor vehicle crashes, incorrect car seat installation, unsafe sleeping environments, and unintentional injuries.
- More children and adolescents will use helmets and seat belts and experience less physical violence from their peers.
- More communities will create built environments that encourage physical activity for people of all abilities and ensure safe drinking water and good indoor air quality.

¹ The physical environment includes safe food and clean air, water, and land.

² Built environments are those spaces affected by elements such as land use planning, road planning, sidewalk development, and building design.

Key Data from Washington

Homes, Communities, and the Environment

Smoke alarms: Among women responding to the 2003 Pregnancy Risk Assessment Monitoring System (PRAMS) survey 93.5 percent had working smoke alarms in their homes.ⁱ

Outdoor activities: According to data from the 2004 Healthy Youth Survey, 52 percent of sixth graders, 62.1 percent of eighth graders, 56.1 percent of tenth graders, and 50.4 percent of twelfth graders reported that crossing the street was easy when they were bicycling or walking. Comparably, 51.5 percent of students in Grade 8, 47.2 percent of students in Grade 10, and 51.7 percent of students in Grade 12 who had special health care needs reported that crossing the street was easy when they were bicycling or walking.ⁱⁱ

Indoor air quality: The 2000 Washington State Survey of Adolescent Health Behaviors (WSSAHB) found that 62 percent of sixth graders had been in a room with someone who was smoking and 38 percent had ridden in a car with someone who was smoking at least once during the previous seven days. The number of schools in Washington reporting indoor air quality problems increased between 1995 and 2000. This trend might reflect greater awareness or more problems resulting from design, construction, remodeling, or aging of school buildings.ⁱⁱⁱ

Asthma: Approximately 120,000 youth in Washington have asthma and one in ten households with children have at least one child with asthma. The number of Washington youth with asthma is greater than the national rate and is increasing.^{iv}

Fluoride: Fifty-eight percent of communities in Washington have optimally fluoridated water supplies. Nationally, 65.8 percent of the population uses public water supplies that are optimally fluoridated.^v

Pesticides: In 2004, there were 22 definite, probable, or possible cases of pesticide-related illnesses reported among children less than 18 years old. Sixteen of these occurred at the children's homes. In 2000, 56 cases were reported.^{vi}

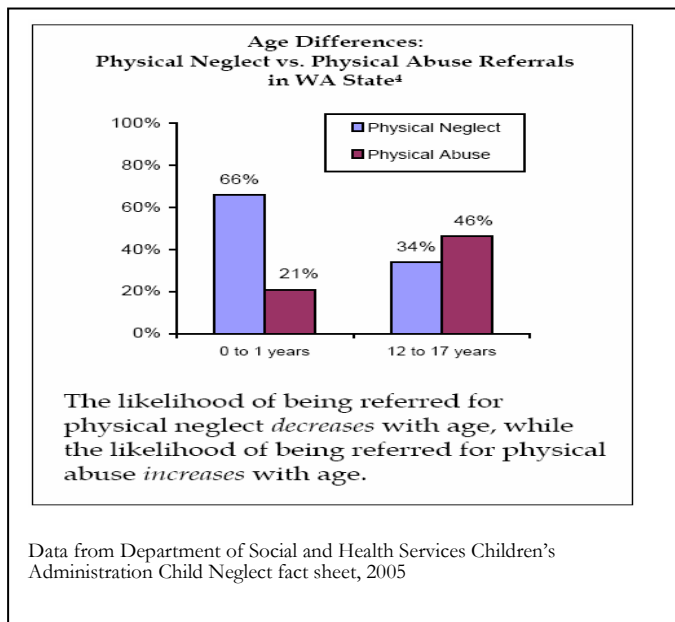
Mercury: Recent studies have found traces of mercury in tuna and some other types of fish. Pregnant women, nursing mothers, women who might become pregnant, and children are advised to limit consumption of tuna and other fish products.^{vii}

Injuries

Unintentional Injuries: Injuries are the leading cause of death for Washington children over 1 year of age. The leading causes of death resulting from unintentional injuries are motor vehicle crashes, drowning, and suffocation. In 2003, the overall rate of fatalities resulting from unintentional injuries among 0-19 year olds was 11.9 per 100,000 people. The two age groups with the highest fatality rates associated with unintentional injuries are 15-19 year olds and those less than 1 year old. Additionally, males have higher unintentional injury death rates than females.^{viii}

Intentional Injuries: Intentional injuries include those involving weapons, physical fighting, and suicide. Data from the 2004 Healthy Youth Survey indicate that 10 percent of eighth graders, 9.6 percent of tenth graders, and 8.3 percent of twelfth graders carried a weapon within the previous month. In the same survey, when asked if they had seriously considered suicide in the past year, approximately 14 percent of students in Grades 8 and 12 said yes, compared to about 18 percent of students in Grade 10. Approximately 8 percent of eighth graders reported having attempted suicide compared to 9 percent of tenth graders and 6 percent of twelfth graders.^{viii}

Abuse and Neglect



Abuse was the primary factor in 5 percent (67) of the 1,351 unexpected deaths among children between 1999 and 2002. Neglect was the primary factor in 15 percent (203) of the unexpected deaths among children during the same time period.^{ix}

In 2002, approximately 16-18 percent of Washington youth in Grades 8, 10, and 12 reported being physically abused by an adult at some point in their lives.^{viii}

In 2004, 39,025 domestic violence offenses (including 61 homicides) were reported in Washington State. When the relationship between the victim and the offender was reported in cases of murder and non-negligent homicide, 24 percent of the offenders were within the victims' families.^x

Disparities

From 2001-03, the intentional injury rate was over three times higher among males than females aged 0-19 years. Urban and mixed urban areas have significantly higher intentional injury hospitalizations than less urban areas in the state.

The rate of suicide mortality among American Indians/Alaska Natives is 11.4 per 100,000 people, which is more than two times that of whites (4.6 per 100,000).^{vii}

Among young children, asthma prevalence is higher for boys than for girls; by middle school age these differences reverse. In 2004, girls were significantly more likely than boys to have current asthma (11% compared to 7%). Youth with moderate or severe persistent asthma are significantly less likely to report high academic achievement and more likely to miss school than are youth with mild asthma or no asthma. Asthma hospitalization rates are significantly higher in urban areas than suburban or small town/rural areas.^{iv}

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local public health agencies, universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Listed below are some OMCH-supported activities and outcomes related to promoting a safe and healthy community. Activities that promote a safe and healthy community focus on assurance, policy development, education, research, surveillance, and data analysis.

Pregnant Women and Women of Childbearing Age

Assurance

- Maternity Support Services provides screening, referrals, and interventions to detect risk situations and promote safe and healthy relationships for pregnant women.

Policy Development

- OMCH monitors legislation and promotes policies that support healthy relationships for pregnant women and women of childbearing age.
- OMCH promotes policies and enforcement of laws that aim to prevent injuries and improve food, water, and air quality.
- Interdisciplinary workgroups such as the Injury Prevention Workgroup consider data and policy options for reducing violence and injuries.
- OMCH collaborates with the Department of Health Asthma Control Program to develop the state asthma plan.

Education

- Health care providers receive information about domestic violence screening and referrals.
- The University of Washington trains First Steps providers about healthy relationships between infants and their parents and caregivers (“Keys to Caregiving”).
- The “9 Months to Get Ready” booklet, which includes information about domestic violence, is available to women who receive First Steps and Women, Infants, and Children (WIC) services.
- OMCH collaborates with the Washington State Coalition Against Domestic Violence to distribute the “Domestic Violence and Pregnancy Guidelines” booklet and “Domestic Violence Fact Sheet.”
- Local public health agencies, community based organizations, and health care providers educate women of childbearing age and pregnant women about injury prevention.

Infants, Children, and Youth³

Assurance

- Parents receive information through the First Steps Maternity Support Services (MSS) program about how to achieve healthy bonding and attachment relationships with infants.
- Children with Special Health Care Needs (CSHCN) Coordinators and public health nurses screen home environments as part of a broader assessment and recommend improvements and modifications to better manage chronic care needs and improve health outcomes. CSHCN Coordinators also help families identify means to pay for any necessary modifications.

Policy Development

- OMCH monitors legislation and policies that promote healthy relationships, injury prevention, and safe environments for infants and children.
- OMCH monitors legislation and policies regarding water fluoridation and works with the Department of Health Office of Drinking Water to promote fluoridated drinking water systems.
- OMCH works with the Family Support Initiative to increase community connections.

³Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- OMCH partners with the Department of Community, Trade, and Economic Development (CTED), the Department of Social and Health Services (DSHS), community organizations, and businesses to work on community economic development and sustainable options for providing assistance to needy families.

Education

- The Department of Social and Health Services Solutions for Chemically Dependent Families program promotes healthy relationships for chemically dependent pregnant and parenting women.
- The University of Washington trains First Steps providers about healthy relationships between infants and their parents and caregivers (“Keys to Caregiving”).
- First Steps Maternity Support Services (MSS) providers receive and disseminate information regarding injury prevention for infants.
- Local Child Death Review Teams review data related to unexpected deaths among children and make recommendations to communities about how to prevent similar deaths.
- The Youth Suicide Prevention Program provides (1) public awareness through media messages and resource materials, (2) gatekeeper training to adults who interact with children and youth, (3) education in schools, and (4) support to communities to address suicide prevention.
- Child care providers receive information about preventing injuries to infants and children.
- Healthy Child Care Washington and the Washington State Child Care Resource and Referral Network educate parents and caregivers about environmental safety.
- OMCH works with the Department of Ecology and other partners to promote safe and clean playgrounds.
- OMCH maintains a list of summer camps suitable for children and youth with special health care needs.

Families

Assurance

- Disability Awareness Starts Here (DASH) Boards in Kitsap, Grays Harbor, Spokane, and Jefferson Counties evaluate community access for people with disabilities.
- Children with Special Health Care Needs (CSHCN) Coordinators and other public health nurses screen home environments as part of a broader assessment and recommend improvements and modifications to better manage chronic care needs and improve health outcomes. CSHCN Coordinators also help families identify means to pay for any necessary modifications.

Policy Development

- OMCH monitors legislation regarding disabilities and special needs issues.
- A representative from OMCH serves on the Governor’s Developmental Disabilities Council.
- OMCH collaborates with the Division of Environmental Health to analyze legislation to improve school and outdoor air quality.

Education

- All families in Washington State with children aged birth - 6 years receive messages regarding safety and injury prevention. Messages include information about car seat safety, women’s health, and growth and development.
- Local public health agencies and community based organizations provide information to parents and caregivers on injury prevention related to proper use of car seats and booster seats and firearm safety.
- OMCH supports Disability Awareness Starts Here Boards’ community awareness efforts to educate community members about disabilities issues.

- Local public health agencies provide information about emergency and disaster preparedness to families with children with special health care needs.
- Parents receive CHILD Profile Health Promotion messages about protecting children from lead and other toxins.

Research and Surveillance

- OMCH collects and analyzes data from national surveys such as the National Survey of Children with Special Health Care Needs and the Child Health Survey.
- OMCH collects information about youth and adolescent behaviors through the Healthy Youth Survey.
- OMCH maintains several surveillance systems to collect data about environmental safety and health and pregnancy. These include the Pregnancy Risk Assessment and Monitoring System (PRAMS), the Behavioral Risk Factor Surveillance System (BRFSS), Child Death Review, Birth Defects Surveillance records, and other existing data sources such as birth and death certificates and hospitalization records.
- Maternal and Child Health Assessment works to develop resources to support increased analysis of data related to violence and injury prevention.
- OMCH publishes and disseminates the “Disability in Washington Report,” which utilizes data from the Census and the state specific BRFSS-Disability Supplement.

Other Public Health Agendas

By identifying safe and healthy communities as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington’s public health system. Each of these emphasizes the importance of achieving and maintaining safe and healthy communities in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^{xi} for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The leading health indicators related to safe and healthy communities are “Injury and violence” and “Environmental quality.”

There are over 60 objectives related to these two indicators in the Healthy People 2010 report. Some of the Healthy People 2010 objectives selected to measure progress for these indicators among women and children are:⁴

- Reduce maltreatment and maltreatment fatalities of children. (15-33)
- Reduce the rate of physical assault by current or former intimate partners. (15-34)
- Reduce deaths from motor vehicle crashes. (15-15)
- Reduce homicides. (15-32)
- Reduce physical fighting among adolescents. (15-38)
- Increase functioning residential smoke alarms. (15-26)

⁴ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

- Increase use of seat belts and child restraints. (15-20)
- Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act. (8-5)
- Eliminate elevated blood lead levels in children. (8-11)
- Reduce pesticide exposures that result in visits to a health care facility. (8-13)
- Reduce indoor allergen levels. (8-16)
- Increase the proportion of trips made by walking. (24-14)
- Increase the proportion of trips made by bicycling. (24-15)
- Increase the proportion of adults with disabilities who participate in social activities. (6-4)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{xii} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. Three of these categories contain indicators relevant to safe and healthy communities. Overall health is the first area and it includes indicators related to injuries. The health indicators used to assess safety and risk of injury are the rates of death associated with motor vehicle crashes, poisoning, and drowning. The second area encompasses health status indicators related to safe and supportive surroundings (environmental health). Indicators related to this capture data about safe drinking water and air quality among other environmental aspects. The third area includes indicators that address safe and supportive communities. Indicators used to measure this include rates associated with poverty, trust of others, high school graduation, crime, and unintentional injuries.

Department of Health Strategic Plan

The Department of Health Strategic Plan^{xiii} created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include addressing the incidence of injury and using the PHIP key health indicators described above to guide decision-making.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006-08. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-08 timeframe. The maternal and child health priority of safe and healthy communities aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to safe and healthy communities. Information about physical activity, growth and development, and mental health and healthy relationships can be found in the following issue briefs: (1) Adequate Nutrition and Physical Activity, (2) Optimal Mental Health and Healthy Relationships, and (3) Healthy Physical Growth and Cognitive Development.

References

- ⁱ Washington Pregnancy Risk Assessment Monitoring System (PRAMS) 2003.
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- ⁱⁱⁱ Washington State Department of Health. *2002 Health of Washington State*. “Environmental Health.” Web site: http://www.doh.wa.gov/HWS/doc/EH/EH_INAQ.doc
- ^{iv} Washington State Department of Health. *MCH Data and Services Report 2006*, “Asthma.” Web site: http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm
- ^v <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5107a2.htm>
- ^{vi} Washington State Department of Health Division of Environmental Health, Pesticide Incidence Reporting and Tracking (PIRT) 2005 Annual Report, Web site: <http://www.doh.wa.gov/ehp/ts/PIRT/pirt2005ar/pirt2005he6.pdf>.
- ^{vii} Washington State Department of Health. *MCH Data and Services Report 2006*. “Unintentional Injury: Mortality and Hospitalizations.” http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/2005_pdfs/DataChapters/unint_inj_mort.pdf
- ^{viii} Washington State Department of Health. 2002 and 2004 Healthy Youth Survey. Online web query: <http://www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx>
- ^{ix} Child Death Review 1999-2002.
- ^x Washington Association of Sheriffs and Police Chiefs: *Crime in Washington 2004 Report*, http://www.waspc.org/wucrwiwr/CIW_2004.pdf
- ^{xi} <http://www.healthypeople.gov/LHI/lhiwhat.htm>
- ^{xii} <http://www.doh.wa.gov/PHIP/default.htm>
- ^{xiii} http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf